

ANTIFUNGAL PA SUMMARY

PREFERRED	Diflucan*, Lamisil tablets**, Sporanox**
NON-PREFERRED	Lamisil Solution

LENGTH OF AUTHORIZATION: Varies based on drug requested and diagnosis

NOTE: **All strengths except the 150mg tablets of Diflucan require prior authorization.*

***Both Lamisil and Sporanox require prior authorization.*

PA CRITERIA:

Diflucan (except the 150 mg tablets):

- ❖ The following are approvable indications or diagnoses:
 - Oropharyngeal candidiasis (thrush)
 - Esophageal candidiasis
 - Urinary tract infection (UTI) candidiasis, bladder candidiasis, yeast cystitis
 - Candidia peritonitis
 - Cryptococcal meningitis
 - Prophylaxis for bone marrow transplant patient
 - Systemic candida infections
 - Vaginal or vulvovaginal candidiasis for adults that have tried and failed a single dose of Diflucan 150mg in the past month or for children
 - Cancer with immunodeficiency
 - HIV or AIDS

Lamisil

- ❖ The following are approvable indications or diagnoses:
 - Onychomycosis/tinea unguium (toenail and/or fingernail infection). *Note: new infections must be confirmed with a positive K-O-H culture or PAS test and approvals are limited to two courses of treatment per year.*

Sporanox

- ❖ The following are approvable indications or diagnoses:
 - Oropharyngeal candidiasis (thrush) or esophageal candidiasis – oral solution only
 - Onychomycosis/tinea unguium (toenail and/or fingernail infection) – adults only
 - Tinea Versicolor (pityriasis versicolor) after trial and failure on oral Nizoral or one topical antifungal agent for this indication
 - Tinea cruris after trial and failure of one topical antifungal for this indication

- Tinea corporis (example: ringworm, dermatophytosis) after trial and failure on one topical antifungal for this indication
- Tinea pedis after trial and failure on one topical antifungal for this indication (except for Plantar-type or Moccasin-type chronic tinea pedis which does not require use of a topical antifungal as first agent)
- Aspergillosis, histoplasmosis
- Other systemic infections or indications as approved by the FDA

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).